

City of Kansas City, Missouri - Revenue Division **REQUEST FOR PENALTY WAIVER**

Phone: 816-513-1120 Fax: 816-513-1075 E-file: kcmo.gov/quicktax



ALL TAXES AND INTEREST RELATED TO YOUR REQUEST <u>MUST</u> BE PAID IN FULL AND THE APPROPRIATE TAX RETURN(S) FILED FOR THE PERIOD(S) BEFORE APPLYING FOR A WAIVER

REQUIRED: CHECK BOX FOR ACCOUNT TYPE AND LIST ACCOUNT ID		
	☐ Business License Account ID#:	
□ Profits Account		☐ Utilities Account: Gas, Electric, or Steam Company
■ Withholding Account		☐ Utilities Account: Telephone Company
□ Arena (Car Rental)	☐ Arena (Hotel/ Motel) ID#:	☐ Utilities Account: Wireless Telephone Company ID#:
. LEGAL NAME 2. FEIN/SSN		
3. TAX PERIODS (LIST ALL PERIODS - BY PERIOD END DATE - RELATED TO THIS WAIVER REQUEST, FOR EXAMPLE: LIST JAN 1., 2015 - DEC. 31, 2015 AS DEC. 31, 2015)		
STATE THOSE CIRCUMSTANCES BELOW WHICH YOU BELIEVE WARRANT A WAIVER OF PENALTIES		
Notes:		

This is a request for a waiver of penalties assessed to your tax account - in no instance will interest be waived.

Requests not accompanied by payment for the tax and interest in full, and the appropriate returns(s), will <u>not</u> receive consideration. A written determination will be sent to the taxpayer within 30 days of receipt of this form.

Mail to: City of Kansas City, Missouri, Revenue Division, 414 E. 12th St., 2nd Flr - East, Kansas City, MO 64106-2786

Print Name of Taxpayer Signature Title Date Phone